

Form W-2

Magnetic Media Transmitter Report

(Rev. 12/02)
Massachusetts
Department of
Revenue

Please print or type. For **each** type of media submitted, complete a separate Magnetic Media Transmitter Report. Mail all completed W-2 reports and media to: **Massachusetts Department of Revenue, W-2 Magnetic Media Filing, P.O. Box 7084, Boston, MA 02204**

Submitter/Transmitter Federal Identification Number: -- --

YOUR TAPE CANNOT BE PROCESSED WITHOUT THE SUBMITTER FID NUMBER

Submitter name	Contact Person
Street Address	Contact Telephone Number
City/Town	State Zip Code

☐ Check if your organization's address or name has changed since filing its last report.

Only the Massachusetts W-2 MMREF format will be accepted.

1. Tax Year Filing: _____

2. Media Filed: ☐ 9-Track Magnetic Tape ☐ IBM 3480 Cartridge ☐ 3.5" Diskette (unzipped and uncompressed)

3. Tape/Cartridge Magnetic Media Information. No zipped or compressed files.

Blocking Factor _____ (Do not exceed 45)

Format ☐ ASCII ☐ EBCDIC ☐ VMS Backup

Density ☐ 1600 BPI ☐ 6250 BPI ☐ 37,871 (**36 Track not accepted**)

Internal Label ☐ IBM Standard ☐ Unlabeled

Record Length is 512 bytes as required by the MMREF format. THE TIB-4 based format is no longer acceptable.

4. Is the file tape submitted multiple reels or disks? ☐ YES ☐ NO

If you checked "Yes," enter tape numbers of multiple reel files: / / /

5. What is the total number of employers reported? _____

6. What is the total number of employees reported? _____

7. Does your company currently file, or plan to file, Form W-2 Reports to the Social Security Administration via Electronic Data Transfer (EDT) or the Online Wage Reporting Service (OWRS)? ☐ Yes ☐ No

I declare I have examined this report and to the best of my knowledge and belief it is true, correct, and complete.

Signature

Title

Date

This form is the only tape documentation needed. Tape dumps and other reports are not required.